

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/02107

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			1			
2							52			1			
3							53			1			
4							54			1			
5							55			1			
6							56			1			
7							57			1			
8							58			1			
9							59			1			
10							60			1			
11							61			1			
12							62			1			
13							63			1			
14							64			1			
15							65			1			
16							66			1			
17							67			1			
18							68			1			
19							69			1			
20							70			1			
21							71			1			
22							72			1			
23							73			1			
24							74			1			
25							75			1			
26							76			1			
27							77			1			
28							78			1			
29							79			1			
30							80			1			
31							81			1			
32							82			1			
33							83			1			
34							84			1			
35							85			1			
36							86			1			
37							87			1			
38							88			1			
39							89			1			
40							90			1			
41							91			1			
42							92			1			
43							93			1			
44							94			1			
45							95			1			
46							96			1			
47							97			1			
48							98			1			
49							99			1			
50							100			1			
TOTAL IND.							TOTAL IND.			4			
TOTAL DEP.							TOTAL DEP.			40			
TOTAL CLAIMS							TOTAL CLAIMS			44			